

2025 SCHOLARSHIP APPLICATION

4-H FOUNDATION MILDRED BURHENNE MEMORIAL SCHOLARSHIP

Applications must be received in the mail slot at 248 North Chestnut, or postmarked by April 1, 2025

THE AWARD

This **\$1000** award will be awarded each year to 1 graduating high school Senior. This student must have:

- * **Been a member of the Ashtabula County 4-H program for at least 5 years.**
- * **Been accepted to a college, university, technical, or trade school within the area of Agriculture.**
- * **Applicants are open to apply for this scholarship in addition to the 4-H Foundation scholarship.**

THE RECIPIENT

The scholarship will be awarded based on:

- * **Participation in 4-H activities and programs.**
- * **Service to the community**
- * **Character**
- * **Financial need**
- * **Scholastic record**

THE APPLICATION

The students who are eligible must fill out an application form and may be asked to attend a selection committee meeting for an interview. This will result in the naming of the recipient(s) by the AC4-HF. The scholarship will be given after successfully completing a full semester and maintaining a minimum 2.5 GPA. If a full load is not taken, the scholarship amount may be pro-rated.

AC4-HF SCHOLARSHIP REQUIREMENT CHECKLIST

When applying for this scholarship, please submit the following items:

- * **A current application. MUST BE FILLED OUT COMPLETELY AND WITH NO ALTERING OF ORIGINAL FORM.**
- * **A current transcript of grades**
- * **2 letters of recommendation. One from a teaching professional, second from non related professional community member. Could be clergy, 4-H advisor, employer, etc...**
- * **Winning recipients must provide a photo of themselves within 15 days of notification of award and agree to be part of future media promotions and activities.**
- * **One page statement of financial need. (Please explain your need for financial assistance to continue your education during next year and describe your plans for meeting this financial need within this statement.)**

*****Any questions please contact scholarship committee chair Lynne Millard @ 440-813-9226 *****

Return to AC4-HF 248 North Chestnut St. Jefferson, Ohio 44047 RE: BURHENNE SCHOLARSHIP

4-H FOUNDATION SCHOLARSHIP RECIPIENTS
ARE EXPECTED
TO VOLUNTEER AT ONE OF OUR
ANNUAL FUNDRAISERS:

A NIGHT AT THE RACES, 1ST SATURDAY OF APRIL

PIG ROAST AND AUCTION, 3RD SATURDAY OF SEPTEMBER

NEW YEAR'S EVE RAFFLE

4-H FOUNDATION BURHENNE SCHOLARSHIP APPLICATION NAME:

_____ AGE _____ PHONE _____

Address: _____

City: _____ State: _____ Zip: _____

EMAIL _____

FOR OFFICE USE: APPLICATION NUMBER 2025- _____

4-H FOUNDATION BURHENNE SCHOLARSHIP APPLICATION

OFFICE USE: APPLICATION NUMBER 2025- _____

A. Father's occupation _____ Reside with father? (Y) (N)

B. Mother's occupation _____ Reside with Mother? (Y) (N)

C. If married, occupation of spouse _____ Live alone? (Y) (N)

How many people in your family are dependent upon income from the above sources? _____

Are there any others in your immediate family attending any college or technical school? (Y) (N)

If so, how many? _____

Number of years as a 4-H member _____ 4H Club(s) _____

1) Please list 4-H projects taken:

2) Please list 4-H county and state activities participated in and honors and awards received:

3) Please list club and county 4-H offices held and other 4-H leadership experiences:

4) Please explain the most important things you have learned through 4-H and the impact 4-H has made upon your plans for the future:

5) Please list school, community, and other groups and activities:

6) What do you plan on studying in college and how do you plan to apply it to your plans for the future?

(7) Name(s) of colleges or institutes where you have applied or have been accepted as a student:

(8) You may include 1 additional page to list further information, experiences, community service, etc.

If you are chosen as a recipient of a 4H Foundation scholarship, and you are currently a graduating high school senior, a representative of the AC4HF will be presenting at your high school awards assembly. Please provide us the following information for your awards assembly:

Date: _____

Time: _____

Location: _____

Guidance Counselor: _____

Counselor phone number _____

*****GOOD LUCK TO ALL APPLICANTS FROM THE AC4-HF!*****

I certify that all information provided in this application is true and accurate. I understand that the AC4-HF will not consider applications that are incomplete, late, or on incorrect form. Upon successfully being named a scholarship recipient, detailed instructions will be given to me regarding completion of the process. Failure to comply with instructions will result in forfeiting the award.

Applicant Printed name _____

Applicant signature _____

Date _____

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